

Exhibit C



Customer Resolution Team
PO Box 14462
Lexington, KY 40512

November 12, 2015

Jacqueline Fisher
35 Duncan Road
Ho Ho Kus, NJ 07423

Subscriber Name:	William Dunnegan
Member Name:	Jacqueline Fisher
Member ID Number:	W207275663-02
Provider Name:	Franklyn's Pharmacy
Date(s) of Service:	April 24, 2015 to September 28, 2015
Patient Account Number:	NA
Payer:	Aetna Life Insurance Company
Case Number(s):	2015101502360

Subject: Level 1 Appeal Decision

Dear Ms. Fisher:

Thank you for your October 13, 2015, fax on your recent claims. We reviewed your concerns and would like to share the results of our review with you.

We have found our previous decisions were correct. Below you will find the details of our review and the outcome of the appeal.

Review/Determination

This letter is in response to the appeal request we received on October 13, 2015. This appeal is about the following issue(s):

- The Effexor XR Cap 150 mg prescription filled by Franklyn's Pharmacy on April 24, 2015
- Claim amount: \$689.60
- The Effexor XR Cap 150 mg prescription filled by Franklyn's Pharmacy on May 27, 2015
- Claim amount: \$689.60
- The Effexor XR Cap 150 mg prescription filled by Franklyn's Pharmacy on June 26, 2015
- Claim amount: \$753.20
- The Effexor XR Cap 150 mg prescription filled by Franklyn's Pharmacy on July 27, 2015
- Claim amount: \$753.20
- The Effexor XR Cap 150 mg prescription filled by Franklyn's Pharmacy on August 31, 2015
- Claim amount: \$753.20
- The Effexor XR Cap 150 mg prescription filled by Franklyn's Pharmacy on September 28, 2015
- Claim amount: \$753.20

We reviewed all available information, including:

- The appeal request
- The prescription claim details
- Your **Certificate of Coverage**.

Our decision

Based on our review of the above information, we are upholding the previous decision applied to the Effexor XR Cap 150 mg prescription claims.

How we made our decision

In the appeal, William Dunnegan is disputing the processing of the prescription claims referenced above. Mr. Dunnegan indicates Aetna should have paid the difference between the cost of the generic for Effexor and the \$0 generic copayment. Mr. Dunnegan indicates Aetna should have paid the prescription claim for Effexor filled on September 28, 2015, at 100 percent since the out-of-pocket limit was met.

Since we do not have a signed authorization from you allowing William Dunnegan to act on your behalf, we are responding to you directly.

According to your plan design, the medical and prescription drug deductible and coinsurance limits are combined.

Your plan contains a dispense as written (DAW) provision. This means if you (or your provider) request a brand medication and there is a generic equivalent available, you are responsible for paying the difference between the cost of the brand medication and its generic equivalent.

Effexor XR is a brand nonpreferred medication with a generic equivalent available; venlafaxine hcl cap 150 mg. Your prescription was written with a DAW 2, which means you requested the brand medication.

On April 24, 2015, Franklyn's Pharmacy submitted a claim for Effexor XR Cap 150 MG for a quantity of 60 capsules for a 30-day supply. You were charged \$540.11. Your out-of-pocket cost of \$540.11 was applied to the plan deductible.

On May 27, 2015, Franklyn's Pharmacy submitted a claim for Effexor XR Cap 150 MG for a quantity of 60 capsules for a 30-day supply. You were charged \$540.11. You were charged an \$18.04 in copayment plus \$522.07 (DAW penalty) for a total of \$540.11 out-of-pocket cost.

On June 26, 2015, Franklyn's Pharmacy submitted a claim for Effexor XR Cap 150 MG for a quantity of 60 capsules for a 30-day supply. You were charged \$590.97. You were charged \$18.04 in copayment plus \$572.93 (DAW penalty) for a total of \$590.97 out-of-pocket cost.

On July 27, 2015, Franklyn's Pharmacy submitted a claim for Effexor XR Cap 150 MG for a quantity of 60 capsules for a 30-day supply. You were charged \$590.97. You were charged \$18.04 in copayment plus \$572.93 (DAW penalty) for a total of \$590.97 out-of-pocket cost.

On August 31, 2015, Franklyn's Pharmacy submitted a claim for Effexor XR Cap 150 MG for a quantity of 60 capsules for a 30-day supply. You were charged \$590.97. You were charged \$18.04 in copayment plus \$572.93 (DAW penalty) for a total of \$590.97 out-of-pocket cost.

On September 28, 2015, Franklyn's Pharmacy submitted the claim for Effexor XR Cap 150 MG for a quantity of 60 capsules for a 30-day supply. You were charged \$590.97. You were charged \$18.04 in copayment plus \$572.93 (DAW penalty) for a total of \$590.97 out-of-pocket cost.

Our records indicate the plan deductible was met on May 4, 2015. Our records indicate the plan out-of-pocket limit has not yet been met.

Your pharmacy claims for Effexor XR Cap 150 MG were processed correctly according to the terms and conditions of your plan.

Under the "**Prescription Drug Coverage**" section of your **Certificate of Coverage** it states:

"C. Benefit and Payment Information.

1. Cost-Sharing Expenses. You are responsible for paying the costs outlined in the Schedule of Benefits section of this Certificate when Covered Prescription Drugs are obtained from a retail or mail order or Designated pharmacy.

You have a three tier plan design, which means that Your out-of-pocket expenses will generally be lowest for Prescription Drugs on Tier 1 and highest for Prescription Drugs on Tier 3. Your out-of-pocket expense for Prescription Drugs on Tier 2 will generally be more than for Tier 1 but less than Tier 3.

An additional charge may apply when a Prescription Drug on a higher tier is dispensed at Your or Your Provider's request, when a chemically equivalent Prescription Drug is available on a lower tier unless We approve coverage at the higher tier. You will have to pay the difference between the cost of the Prescription Drug on the higher tier and the cost of the Prescription Drug on the lower tier. The cost difference must be paid in addition to the lower tier Copayment or Coinsurance. The cost difference does not apply toward Your Out-of-Pocket Limit.

You are responsible for paying the full cost (the amount the pharmacy charges You) for any non-Covered Prescription Drug, and Our contracted rates (Our Prescription Drug Cost) will not be available to You."

This is strictly a benefit determination based on your plan's guidelines. We must apply the terms of coverage consistently to ensure fairness to all covered persons.

A pharmacy analyst and a complaint and appeal analyst, who were not involved in any prior decisions, participated in the review of the appeal.

Access to relevant information

At your request, we will give you free of charge access to copies of all documents, records, and other information about your claim for benefits, including the specific rule, guideline, protocol, or other similar criterion that was used in making the decision, and the names of any clinical reviewers if applicable. Your provider may have sent diagnosis and treatment codes with your claims. To obtain these codes and their meanings, call us at the Member Services number on your member identification card. If you have medical questions about your diagnosis or treatments, contact your provider.

Next Steps

If you disagree with this decision, you may request a second level appeal. If you choose to appeal, please forward any additional relevant information that you would like us to consider. Please refer to the enclosed document entitled “Aetna Appeal Process and Member Rights” for complete instructions and for an overview of the entire appeal process.

We are here to answer your questions

If you have further questions about this appeal decision or the appeal process, please call Member Services at the number on the member ID card. Please include the case number listed at the top of this letter when responding or inquiring about this issue.

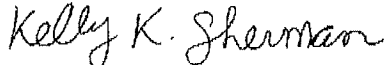
We want to know!

Please visit our website for a short survey about Aetna's appeal process.

https://www.aetna.com/form_assets/members/survey.html

Thank you for giving us the opportunity to address your concerns.

Sincerely,



Kelly K. Sherman
Complaint and Appeal Analyst
Customer Resolution Team

Enclosure(s):

Aetna Appeal Process & Member Rights
Language Enclosure

Please retain this document for future reference.

Aetna Appeal Process & Member Rights

As a member of Aetna, you or your authorized representative has the right to file an appeal about coverage for service(s) when you are not satisfied with the original coverage decision. Below is an overview of the entire appeal process and your legal rights. Refer to our response to your letter of appeal to understand where you are in the appeal process.

1. Appeals can be filed in writing to Aetna or by calling Aetna's Member Services Unit at the number on the member ID card. Appeals must be submitted within 180 calendar days from the date that you receive the original decision. After that, Aetna will consider the original decision to be final.

You may supply additional information that you would like us to consider. In addition, you may request copies of documents relevant to your claim (free of charge) by contacting us at the number on your member identification card.

2. Aetna completes the appeal process and notifies you about each appeal decision within 30 calendar days of when we receive the appeal.

3. Second Level Appeal: If you disagree with the response in our first appeal resolution letter, you may request a second level appeal. To begin this process, you must send a request in writing to Aetna within 60 business days from the date that you receive the resolution letter. If you do not request a second level appeal within that time period, Aetna will consider the decision stated in the first resolution letter to be final.

If you do not agree with the final decision, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.

4. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your plan administrator, local U.S. Department of Labor Office and your state insurance regulatory agency.

5. Resources to help you

For questions about the appeals process, please call Member Services at the phone number shown on your ID card, or visit our website at: **www.aetna.com**

For questions about appeal rights, this notice or for assistance, you may contact:

Community Service Society of New York, Community Health Advocates

105 East 22nd Street, 8th floor

New York, NY 10010

1-888-614-5400

<http://www.communityhealthadvocates.org/>

cha@cssny.org

Please retain this document for future reference.

For plans subject to the Patient Protection and Affordable Care Act (PPACA), if you have questions about your appeal rights, this notice, or for assistance, you can also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

This document is available in other languages:

Si necesita asistencia lingüística en español, llámenos al número que figura en su tarjeta de identificación (ID) médica.

若需要中文协助，请拨打您医疗身分证上的电话联系我们。

Para sa tulong sa wikang Tagalog, tawagan kami sa numero na nasa iyong Medikal na ID card.

Pour une aide en français, veuillez nous appeler au numéro figurant sur votre carte d'identité.

Für Auskünfte auf Deutsch rufen Sie einfach die Nummer auf Ihrer Krankenversicherungskarte an.

Ya'átí' t'áá dinék'ehjí bee aká'a'áyeed biniiyé, nihich'í' hodíílnihjí' éí azee' ál'íjdi naaltsoos bee néé ho'dílzínígíí number bikáá' yisdzoh.

Do you need this in another language? Call us.

